

## Local Enforcement Agency Grant Budget Report

The statements and conclusions of this report are those of the Grantee and not necessarily those of the California Integrated Waste Management Board, its employees, or the State of California. The State makes no warranty, express or implied, and assumes no liability for the information contained in the succeeding text.

Grantee: \_\_\_\_\_

Grant #: \_\_\_\_\_

Proposed ☐ Final ☐

Grant Amount: \_\_\_\_\_

### Purchases (Equipment, Education Materials, Transportation, Misc.)

#### Proposed Budget:

Recipient/Vendor	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
Total					\$ -	\$ -	

### Services (Analysis/Evaluation/Testing, Maintenance, Misc.)

#### Proposed Budget:

Recipient/Vendor	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
Total					\$ -	\$ -	

### Personnel (Administrative, Consultation, R.E.H.S. Salary, Misc.)

#### Proposed Budget:

Employee Name/ Position Title	Job #	Purpose/Activity	Date	Hours	Hourly Rate	Amount	Actual	LEA Grant
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
Total					\$ -	\$ -		

<b>Training (Conferences/Meetings, Travel, Misc.)</b>	<b>Proposed Budget:</b>
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<b>Training (Conferences/Meetings, Travel, Misc.)</b>	<b>Proposed Budget:</b>
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Employee Name/ Position Title	Purpose	Date	Amount	Actual	LEA Grant
Total			\$ -	\$ -	

If advance is requested, please identify how interest earned will be used.

Grand Total	\$	-	\$	-
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Interest Earned on Advance

If there are any changes to the proposed budgets, please explain below.

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**Certification:**

I declare, under penalty of perjury under the laws of the State of California, that the above is true and accurate to the best of my knowledge.

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Signature of Primary Contact
Date

Date \_\_\_\_\_

Signature of Signature Authority	Date
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Date \_\_\_\_\_

## Instructions for Budget Report

This form must be used to report proposed and actual LEA Grant Program expenditures. Please use the check boxes to indicate which budget report is being submitted.

To fill out the form, tab through each field and enter the appropriate information. At the end of the form, ensure that appropriate signatures are acquired.

When submitting the Proposed Budget report fill out: (see example)

1. Top section (Grantee, Grant #, Proposed Checkbox, Grant Amount)
2. Proposed Budget for applicable expenditures (Purchases, Services, Personnel, and Training)
3. Use of interest earned from advance payment (if applicable)
4. Appropriate signatures and date signed

When submitting the Final Budget report fill out: (see example)

1. Top section (Grantee, Grant #, Final Checkbox, Grant Amount)
2. Proposed Budget for applicable expenditures (Purchases, Services, Personnel, and Training)
3. Expenditure details (totals will be automatic, **please enter amount LEA Grant will be charged**)  
Attach all necessary reports and reference to them if there is not enough space and provide the total amount for that section
4. Use of interest earned from advance payment (if applicable)
5. Amount of interest earned on advance payment (if applicable)
6. Explain any changes to the proposed budget (if applicable)
7. Appropriate signatures and date signed

# EXAMPLE

## Local Enforcement Agency Grant Budget Report

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Grantee: ABC County

Grant #: EA-19-00-0000

Proposed ☒ Final ☐

Grant Amount: \$ 10,000.00

### Purchases (Equipment, Education Materials, Transportation, Misc.)

Proposed Budget: **\$ 2,500.00**

Recipient/Vendor	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
Total					\$ -	\$ -	

### Services (Analysis/Evaluation/Testing, Maintenance, Misc.)

Proposed Budget: **\$ 1,000.00**

Recipient/Vendor	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
Total					\$ -	\$ -	

### Personnel (Administrative, Consultation, R.E.H.S. Salary, Misc.)

Proposed Budget: **\$ 5,000.00**

Employee Name/ Position Title	Job #	Purpose/Activity	Date	Hours	Hourly Rate	Amount	Actual	LEA Grant
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
Total					\$ -	\$ -		

Training (Conferences/Meetings, Travel, Misc.)				Proposed Budget: \$ 1,500.00	
Employee Name/ Position Title	Purpose	Date	Amount	Actual	LEA Grant
Total			\$ -	\$ -	

If advance is requested, please identify how interest earned will be used.

Grand Total \$ - \$ -

Personnel Costs \_\_\_\_\_

Interest Earned on Advance \_\_\_\_\_

If there are any changes to the proposed budgets, please explain below.

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**Certification:**

I declare, under penalty of perjury under the laws of the State of California, that the above is true and accurate to the best of my knowledge.

Signature of Primary Contact \_\_\_\_\_ Date \_\_\_\_\_

Signature of Signature Authority \_\_\_\_\_ Date \_\_\_\_\_

# EXAMPLE

## Local Enforcement Agency Grant Budget Report

The statements and conclusions of this report are those of the Grantee and not necessarily those of the California Integrated Waste Management Board, its employees, or the State of California. The State makes no warranty, express or implied, and assumes no liability for the information contained in the succeeding text.

Grantee: ABC County

Grant #: EA-19-00-0000

Proposed ☐ Final ☒

Grant Amount: \$ 10,000.00

### Purchases (Equipment, Education Materials, Transportation, Misc.) Proposed Budget: \$ 2,500.00

Recipient/Vendor	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
Manuals Etc.	Reference Manual/Education Material	1001	12/6/08	10023	500.00		
Equipped Inc.	Safety Equipment: vests, boots etc.	2002	1/5/09	10234	2,000.00		
Total					\$ 2,500.00	\$ 2,500.00	\$ 2,500.00

### Services (Analysis/Evaluation/Testing, Maintenance, Misc.) Proposed Budget: \$ 1,000.00

Recipient/Vendor	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
Testing Co.	soil testing	4001	5/5/09	12345	1,100.00		
Total					\$ 1,100.00	\$ 1,100.00	\$ 1,000.00

### Personnel (Administrative, Consultation, R.E.H.S. Salary, Misc.) Proposed Budget: \$ 5,000.00

Employee Name/ Position Title	Job #	Purpose/Activity	Date	Hours	Hourly Rate	Amount	Actual	LEA Grant
Jon Smith Envir. Health Specialist	4444	solid waste inspections	7/7/08- 10/18/08	25.00	30.00	750.00		
Jon Smith Envir. Health Specialist	4444	data collection	8/1/08- 1/5/09	45.00	30.00	1,350.00		
Jon Smith Envir. Health Specialist	4444	consultation	2/7/09- 6/1/09	40.00	30.00	1,200.00		
Jane Doe Envir. Engineer	4444	consultation	4/6/09- 6/20/09	45.00	45.00	2,025.00		
						-		
						-		
						-		
						-		
						-		
Total						\$ 5,325.00	\$ 5,325.00	\$ 5,250.00

Training (Conferences/Meetings, Travel, Misc.)				Proposed Budget: \$ 1,500.00	
Employee Name/ Position Title	Purpose	Date	Amount	Actual	LEA Grant
Jon Smith Envir. Health Specialist	LEA Conference, airfare, hotel, per diem	12/8/08- 12/11/08	1,500.00		
Total			\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

If advance is requested, please identify how interest earned will be used.

Grand Total \$ 10,425.00 \$ 10,250.00

Personnel Costs

Interest Earned on Advance \$ 250.00

If there are any changes to the proposed budgets, please explain below.

Changes are due to under estimates of the proposed budget

### Certification:

I declare, under penalty of perjury under the laws of the State of California, that the above is true and accurate to the best of my knowledge.

Signature of Primary Contact Date

Signature of Signature Authority Date